
Skill Procedures:

Spinal Immobilization - Rapid Extrication



I. Usage

- 1 This protocol is designed illustrate the steps necessary to properly immobilize the patient who presents with possible spinal injuries and is in need of rapid extrication. Rapid extrication should only be used in those situations where there is immediate danger to the patient or the provider, or the patient's condition requires immediate interventions that cannot be accomplished while inside of the vehicle.
 - A. Rapid extrication due to environmental factors (examples);
 - i. Fire.
 - ii. Explosion hazards.
 - iii. Danger of building collapse.
 - iv. Hazardous materials exposure.
 - B. Rapid extrication due to patient condition (examples);
 - i. Uncorrectable airway obstruction.
 - ii. Cardiopulmonary arrest.
 - iii. Injuries resulting in need to assist with ventilations.
 - iv. Uncontrollable bleeding or later stage shock condition.
 - C. This protocol requires a minimum of four rescuers. Six rescuers are preferred.



Note Well: *This protocol is only to be used when the patient's life is in immediate danger. Be prepared to defend such actions when reviewed by the Medical Director.*

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II. Procedural Protocols

1. The first rescuer will apply and maintain neutral cervical spine alignment during the entire procedure until the head and body are secured as a unit to the long board.
 - A. If at all possible, the rescuer should be located behind the patient.
2. The second rescuer performs a rapid assessment and applies the proper size cervical collar.
3. The end of the long board is placed under the patient's buttocks.
4. A second rescuer will be in position next to the open door, and will maintain cervical spine alignment as the patient is removed from the vehicle.
5. A third rescuer will be positioned on the opposite side of the front seat, and will assist in rotating the patient's legs during the removal process.
6. A fourth rescuer is positioned by the open door to manipulate the upper body as the patients legs are rotated.
7. On command, the patient is rotated as a unit, positioning the patient so that his/her back is facing the long spine board.
 - A. While rotating the patient, the patient's back is simultaneously lowered onto the long spine board while his legs are lifted onto the board.



Note Well: *During this maneuver, the patient's neck and back are not allowed to bend. They must be maintained in a straight, neutral alignment at all times.*

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II. Procedural Protocols (continued)

8. Working as a team, the patient is moved as a unit and is slid onto the backboard and the patient's legs are straightened.
9. Remove the patient from the vehicle and began necessary resuscitation efforts (see appropriate protocol).
10. Refer to the Securing the Patient to a Long Spine Board for actions on properly securing the patient to the long spine board.

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